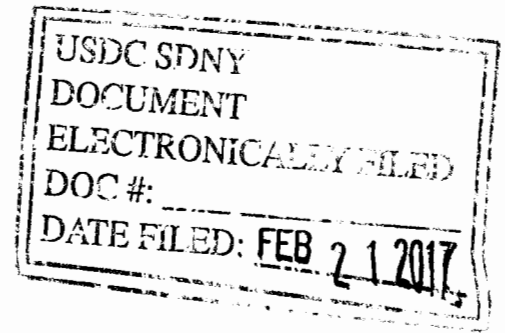


IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK



KRISTY M. WAGNER,)
)
 PLAINTIFF,)
 v.)
)
 SUNPOWER CORPORATION,)
 SUNPOWER CORPORATION, SYSTEMS,)
 DEFENDANTS.)

16-CV-7298

NOTICE OF APPEAL

Notice is hereby given that KRISTY WAGNER (hereinafter, "Plaintiff") in the above-named case appeals to the United States Court of Appeals for the Second Circuit from the "Order of Dismissal" that purports to have been time-stamped on January 25, 2017. Contrary to assertions made in said "Order of Dismissal", Plaintiff had received no lawfully generated notices or orders relating to the above-captioned matter. This Notice of Appeal shall in no way affirm or otherwise directly or indirectly, speak to or indicate the lawful or true, correct and complete nature of said proceedings and documentation distributed from or on behalf of said court, which Plaintiff continues to contest in each and every respect; Plaintiff hereby continues to reserve all rights and remedies accordingly.

Date as of signing: February 15, 2017

Signature of Plaintiff: Kristy M. Wagner

Printed Name of Plaintiff: Kristy M. Wagner

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Kristy M. Wagner

16 cv 7298 (LTSX)

(List the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

**MOTION FOR LEAVE TO
PROCEED IN FORMA
PAUPERIS ON APPEAL**

SunPower Corporation

SunPower Corporation Systems

(List the full name(s) of the defendant(s)/respondent(s).)

I move under Federal Rule of Appellate Procedure 24(a)(1) for leave to proceed *in forma pauperis* on appeal. This motion is supported by the attached affidavit.

February 15, 2017

Dated

Kristy M. Wagner

Signature

WAGNER, KRISTY M

Name (Last, First, MI)

7 Richard Lane, Huntington NY 11743

Address

City

State

Zip Code

202-836-2351

Telephone Number

wagner.k879@gmail.com

E-mail Address (if available)

Application to Appeal In Forma Pauperis

KRISTY M. Wagoner v. Sun Power Corporation
Sun Power Corporation
Sun Power Corporation
Systems

Appeal No. _____

District Court or Agency No. _____

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: _____

Kristy M. Wagoner

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: _____

February 15, 2017

My issues on appeal are: (required):

failures to pay.
Note, Plaintiff, due to Defendants' ^{has} been living with her parents and notices from court did not arrive in timely manner ^{to} ~~adversely~~ response.
All issues raised in Complaint are "issues on appeal".

- For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average ^{yearly} monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$20,000	\$ N/A	\$ N/A	\$ N/A
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$

12/01/2013 SCC

- 1 -
yearly income - last amount received nearly 1 year ago

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Interest and dividends	\$	N/A	\$	N/A	\$	N/A	\$	N/A
Gifts	\$		\$		\$		\$	
Alimony	\$		\$		\$		\$	
Child support	\$		\$		\$		\$	
Retirement (such as social security, pensions, annuities, insurance)	\$		\$		\$		\$	
Disability (such as social security, insurance payments)	\$		\$		\$		\$	
Unemployment payments	\$		\$		\$		\$	
Public-assistance (such as welfare)	\$		\$		\$		\$	
Other (specify):	\$		\$		\$		\$	
Total monthly income:	\$0		\$0		\$0		\$0	

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
Unknown as	N/A	N/A	\$
accommodation			\$
has not been known to be available			\$

- at any location - I frequently have sought employment at multiple locations
3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	N/A	\$ N/A
			\$
			\$

mandatory
No contribution from
any significant other.

4.

How much cash do you and your spouse have? \$ 5,000 max.

Below, state any money you or your spouse have in bank accounts or in any other financial institution. (Known bank accounts below)

Financial Institution	Type of Account	Amount you have	Amount your spouse has
Bank of America	Checking Savings	\$ 200	\$ N/A
NEFCU	Checking Savings	\$ 4,700	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$ N/A	(Value) \$ Mercedes
		Make and year: 2006
		Model: SL - 2 Door Coupe
		Registration #: 69572544

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$ Unknown	(Value) \$
Make and year:		
Model:		
Registration #:		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
Defendants owe	\$ See Complaint	\$ N/A / Unknown
Plaintiff monies-	\$	\$
basis for	\$	\$
complaint and lawsuit	\$	\$

7. State the persons who rely on you or your spouse for support.

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
N/A; Unknown →	N/A	N/A

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$ N/A	\$ N/A
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ N/A	\$ N/A
Home maintenance (repairs and upkeep)	\$ N/A	\$ N/A
Food	\$ 400	\$ N/A
Clothing	\$ 100	\$ N/A
Laundry and dry-cleaning	\$ N/A	\$ N/A
Medical and dental expenses	\$ 10,000	\$ N/A

Transportation (not including motor vehicle payments)	\$ 200	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 100	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ N/A	\$ N/A
Life:	\$ N/A	\$ N/A
Health:	\$ N/A	\$ N/A
Motor vehicle:	\$ N/A	\$ N/A
Other:	\$ N/A	\$ N/A
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ Unknown N/A	\$ Unknown N/A
Installment payments		
Motor Vehicle:	\$ N/A	\$ N/A
Credit card (name):	\$	\$
Department store (name):	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$
Other (specify): <i>Start law practice</i>	\$ 500-1,000	\$ Unknown / N/A
Total monthly expenses:	\$ 11,800	\$ 0 Unknown / N/A

\$ 11,800

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☒ Yes

☐ No

If yes, describe on an attached sheet.

*I will continue to seek accommodation of
Love or more (potential)
employers*

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? ☒ Yes ☐ No

If yes, how much? \$ *2,000* service of process plus filing fees

The very basis of the initial claim - discrimination has not subsided and Defendants ~~discriminated~~ failed to pay compensation and failed to make benefits available. I live at my parents' residence and have depended on them for years now.

12. Identify the city and state of your legal residence.

City Huntington State NY

Your daytime phone number: 202-836-2351

Your age: 37 Your years of schooling: 4 in high school - 4+ in college

Last four digits of your social-security number: 9408 university

3 in law school